



CALIFORNIA HIGHWAY PATROL IMPAIRED DRIVING UNIT

TRAINING REQUEST

Upon completion of this form, fax to the CHP impaired driving unit at (916) 376-3333.
The student is not enrolled in a class until you receive a confirmation via E-mail.

PERSONAL INFORMATION

STUDENT'S NAME (Last)	(First)	(M.I.)	POST ID#
STUDENT'S AGENCY			AGENCY FAX NUMBER
STUDENT'S EMAIL ADDRESS:			AGENCY PHONE NUMBER

CLASS INFORMATION

CLASS REQUESTED

<input type="checkbox"/> DRE	PREREQUISITE SFST	<input type="checkbox"/> CERTIFICATE ATTACHED	DATE COMPLETED: ____/____/____
<input type="checkbox"/> DRE INSTRUCTOR	PREREQUISITE DRE	<input type="checkbox"/> CERTIFICATE ATTACHED	DATE COMPLETED: ____/____/____
<input type="checkbox"/> SFST INSTRUCTOR	PREREQUISITE SFST	<input type="checkbox"/> CERTIFICATE ATTACHED	DATE COMPLETED: ____/____/____
<input type="checkbox"/> OTHER: _____			

CLASS DATE: ____/____/____ LOCATION: _____

REQUESTING AGENCY APPROVAL

AGENCY COORDINATOR

NAME / TITLE: _____

APPROVAL SIGNATURE: _____

The participating agency and student agree to the requirements of this program set forth in the National Standards. By completing this request, the agency accepts the services provided through this grant project.

Students shall wear professional "business casual" attire during the entire training. In addition, instructor training requires court room attire (suit or class A uniform) for one day of class.

STUDENT UNDERSTANDING

I have read and understand all of the above.

Student Signature: _____

FOR CHP USE ONLY

<input type="checkbox"/> Approved	Authorized Signature: _____	Date: _____
<input type="checkbox"/> Denied	Reason: _____	